Geraldton EOI Form
Form Preview

Eligibility

* indicates a required field

Confirmation of eligibility

I confirm that:

- I have read and understand the program guidelines
- I can demonstrate alignment between the project and the aims of this program
- we are an eligible incorporated company or not-for-profit organisation
- I can provide a valid ABN or have an eligible project partner that meets these requirements
- I have a valid Australian bank account, preferably with Community Bank Geraldton
- the project will be delivered and will benefit the local area

The project does not:

- claim retrospective funding for costs already incurred
- attempt to change the law/direct political donations
- break any laws
- operate purely for commercial gain
- involve gambling
- exclude or offend any part of the community
- encourage violence or involve the use of weapons
- mistreat, exploit or harm animals
- create environmental hazards
- present a danger to public health or safety
- contribute to modern slavery

I confirm that all statements above are true and correct *

○ Yes ○ No

Sorry, you are not eligible for the program. Please review our guidelines or review the program for more information.

Contact details

* indicates a required field

Privacy notice

Bendigo Bank will respect and uphold your rights to privacy protection under the Australian Privacy Principles (APPs) as established under the Privacy Act 1988 and amended by the Privacy Amendment (Enhancing Privacy Protection) Act 2012.

View our privacy statement here.

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Applicant details

This should be the person who accepts the agreement and completes the acquittal. This may be you.

*
First Name Last Name

Position

Phone number *

Must be an Australian phone number.

Email *

Must be an email address.

Organisation details

Organisation name *
Organisation Name

Registered business name (if different to organisation name and Entity name [below])

Organisation ABN (please enter the number, not text)

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity Name	
ABN Status	
Entity Type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information

ACNC Registration
Tax Concessions
Main Business Location

Must be an ABN.

Organisation address *
Address

Organisation Website

Must be a URL.

Does your organisation bank with Community Bank Geraldton? *
○ Yes ○ No

Previous funding

Has your organisation received funding from us in the last three years? *
○ Yes ○ No

Previous funding

Click "Add More" or "+" to add more rows.

What was/were your previously funded project/s?	How much did you receive from us?	What was the date of funding?
	Must be a dollar amount.	Approximate month/year Must be a date.
	$	

Project details

* indicates a required field

Project name *

Short project description *

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Start date *

(future dates only)

Expected end date *

Please note an acquittal report will be required following this date.

Requested amount *

$

Must be a dollar amount.

Does this grant require multiple payments (eg. across multiple events, years or months) *

○ Yes ○ No

Please list requested payment amounts and approximate dates for a multi payment application.

Payment date	Payment amount
Must be a date.	Must be a dollar amount.
	$
	$

I certify that to the best of my knowledge the statements made within this application are true and correct.

Certification *

☐ I agree